

TO: Attorney-in-Fact

FROM: Retired Payroll Section

RE: Power of Attorney for retirement use

Effective October 1, 2011 the Division of Retirement requires all attorneys-in-fact (also known as Agents) to complete an affidavit when submitting a power of attorney. The authority for this requirement is found in Section 709.2119, Florida Statutes – “Acceptance of and reliance upon power of attorney”.

The power of attorney will not be accepted for retirement use until an affidavit is properly completed and submitted.

A sample affidavit form is attached for your use. Please strike through the terms [Durable, General, or Limited] that are not applicable to your power of attorney. The following terms on the sample form are defined to be:

- The **Affiant** is the attorney-in-fact (also known as the Agent) and is the person who should complete the affidavit.
- The **Principal** is the person who granted the power of attorney.
- **Domiciled in** means the complete address where the Principal currently lives.

Your affidavit must include the same information as the sample affidavit even if you provide our office with a different form. All affidavits must be signed in the presence of a notary public.

Please write the last four digits of the retiree’s/payee’s Social Security number on the affidavit and any other submitted information, so we can correctly identify the retiree’s/payee’s account.

We will need to send correspondence to you as the attorney-in-fact. Please provide your contact information (items listed below) on a separate page and attach it to the affidavit.

- *Full name*
- *Mailing address*
- *Daytime phone number*

If you have any questions, please contact the Retired Payroll Section by e-mail at Retired@dms.fl.gov or by using the information listed above.

STATE OF FLORIDA

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____ ("Affiant"), who swore or affirmed that:

1. Affiant is the attorney-in-fact named in the [Durable][General][Limited] Power of Attorney executed by _____ ("Principal") on the _____ day of _____, 20__.

2. Said Power of Attorney is currently exercisable by Affiant. The Principal is domiciled in _____.

3. To the best of the Affiant's knowledge after diligent search and inquiry:

a. The Principal is not deceased; and

b. Affiant's authority has not been suspended by initiation of proceedings to determine incapacity of the Principal or to appoint a guardian or a guardian advocate for the Principal; and

c. Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of marriage of Affiant and Principal, or their legal separation; and

d. There has been no revocation, or partial or complete termination, of the Power of Attorney or of Affiant's authority.

4. Affiant is acting within the scope of authority granted in the Power of Attorney.

5. If applicable, Affiant is the successor to _____, who has resigned, died, become incapacitated, is no longer qualified

to serve, has declined to serve as agent, or is otherwise unable to act.

6. Affiant agrees not to exercise any powers granted by said Power of Attorney if Affiant attains knowledge that it has been revoked, has been partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

Under penalties of perjury, I declare that I have read the foregoing affidavit and the facts stated in it are true and correct to the best of my knowledge and information.

Affiant

Sworn to (or affirmed) and subscribed before me this
_____ day of _____, 20__, by _____.

Notary Public
State of Florida

Personally known _____
OR produced identification _____
Type of identification produced _____